

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **62-022610**

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **298**

FILED JUN 26 1962

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Independence**

Length of stay in 1b
38 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **108 So. Rogers**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Independence**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
108 So. Rogers

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **Addie**

Middle **V**

Last **Stallcup**

4. DATE OF DEATH

Month **June**

Day **16**

Year **1962**

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-3-1904

9. AGE (last birthday)
58

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Domestic

11. BIRTHPLACE (City and state or country)
Excelsior, Springs, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Linamie O'Dell

13b. MOTHER'S MAIDEN NAME

Mary Smith

14. NAME OF HUSBAND OR WIFE

William B. Stallcup

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William B. Stallcup 108 So. Rogers

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Renal Cell Carcinoma left
Kidney & pulmonary metastases**

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 62** to **6/16/62** last saw her alive on **6/16/62**
Death occurred at **1:00 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Vance E. Luch, Jr. Dr.

22b. ADDRESS

**10801 Wimmer Rd
Independence, Mo.**

22c. DATE SIGNED

6/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
6-19-1962

23c. NAME OF CEMETERY OR CREMATORY
Woodlawn Cemetery

23d. LOCATION (City, town, or county)
Independence, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Carson & Sons Independence, Mo.

25. DATE RECD. BY LOCAL REG.

6-19-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

17005
27005

3

4 1

5 1

6

7 0

8 2

9 180 X

10

11

12 90-0

13 1-0

MAR 13 1963

10. find C.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.